

Exhibit 10

PROOF OF CLAIM

Name of Debtor
DFJ ITALIA, LTD.

Case Number
SA 00-12295 JR

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property): James Ian Thomas

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

1478 Rockwell Rd
Abington, PA 19001

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☒ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number: 215-572-8481

Account or other number by which creditor identifies debtor:

10000697

Check here ☐ replaces
if this claim ☐ amends

a previously filed claim, dated _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other investment

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114 (a)
☐ Wages, salaries, and compensations (Fill out below)

Your SS #: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred:

8/9/99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 21,400

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☒ Check this box if you have an unsecured priority claim
Amount entitled to priority \$ 21,400
Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).

* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date 12/24/00 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

James Ian Thomas for James Ian Thomas

THIS SPACE IS FOR COURT USE ONLY

10#244
5/13/05
(Signature)

If you hold a claim against the Debtor as of March 20, 2000, you must fill out the attached Proof of Claim form in order for the Trustee to recognize your claim. The following supplemental information request does not replace the Proof of Claim form. The following information is being requested by the Trustee to supplement the Debtor's records and bank documentation. This information will assist the Trustee in the evaluation of the accuracy and completeness of the Debtor's records and in the processing of claims. If you did not invest in investment programs of the Debtor, you do not need to complete this form.

ACCOUNT HOLDER NAME James Dan Thomas

Investment 1	Investment 2	Investment 3	Investment 4	Investment 5
--------------	--------------	--------------	--------------	--------------

INVESTMENT OR LOANS

1 Amount Invested	\$ 20,000	\$	\$	\$	\$
2 Date Invested	8/9/99				
3 Investment form (cash, check, wire, etc)	check				
4 Payee - Who was check payable to?	DFJ Italia				
5 Source of Funds (IRA, Pension, 401K, etc)	College Fund				
6 Principal repaid	0				
7 Investment Program (Fininvest, Diamond, etc)	Fininvest				

DIVIDENDS and/or INTEREST

Total Dividends or Interest received

\$ 1600

How were the Dividends or Interest payments made? (check, cash, wire)

Roll over

Frequency of Dividends or Interest payments (monthly, qtrly, etc)

monthly

Were Dividends or Interest payments added to your principal rather than paid?

added to
Principal

OTHER

DFJ sales representative

Guy Scarpelli

What rate of Interest or return was promised?

24 %

Did you receive DFJ Account Ledgers or statements?

(YES) NO

SUPPORTING DOCUMENTS

EXHIBIT 10 PAGE 131

Please attach copies of supporting documents, such as loan agreements, account ledger statements, correspondence, etc. Do not send originals. If you have previously sent your supporting documents to the Trustee, please disregard.



Account Num 10000697

SSN/Tax ID

10/17/99

Page 1

Account Thomas, James Ian
Address 25885 Trabuco Rd. #185
Lake Forest, CA 92630
US

Statement Period:
From 09/16/99
Thru 10/15/99

Phone (949) 586-1147
Account Type 001
Account Rep 003

Beginning Balance
\$20,000.00

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2834	10/15/99	001	Dividend Earnings		400.00
DFJ-2834	10/15/99	004	Dividend Payout	400.00	
Total Activity				400.00	400.00

Ending Balance
\$20,000.00

586-3347



Account Num 10000697

SSN/Tax ID

02/17/00

Account Thomas, James Ian
Address 25885 Trabuco Rd. #185
Lake Forest, CA 92630
US

Page 1

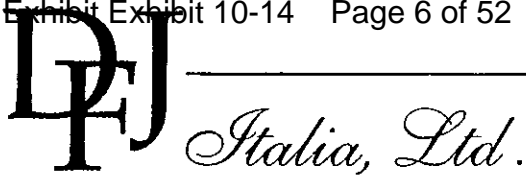
Statement Period:
From 01/16/00
Thru 02/15/00

Phone (949) 586-1147
Account Type 001
Account Rep 003

Beginning Balance
\$20,000.00

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-3294	02/15/00	001	Dividend Earnings		400.00
DFJ-3294	02/15/00	004	Dividend Payout	400.00	
Total Activity				400.00	400.00

Ending Balance
\$20,000.00



Account Num 10000697

SSN/Tax ID

11/17/99

Account Thomas, James Ian
Address 25885 Trabuco Rd. #185
Lake Forest, CA 92630
US

Page 1

Statement Period:
From 10/16/99
Thru 11/15/99

Phone (949) 586-1147

Account Type 001

Account Rep 003

Beginning Balance
\$20,000.00

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2948	11/15/99	001	Dividend Earnings		400.00
DFJ-2948	11/15/99	004	Dividend Payout	400.00	
Total Activity				400.00	400.00

Ending Balance
\$20,000.00

EXHIBIT 10 PAGE 134

Account Number 10000697

SSN/Tax ID

Statement Date: 08/12/99

Page 1

Account Holder Thomas, James Ian

Address 25885 Trabuco Rd. #185
Lake Forest, CA 92630
US

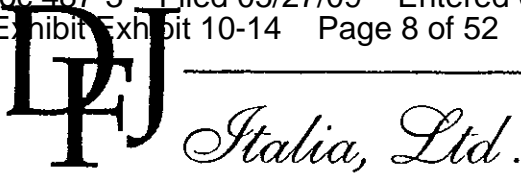
Phone (949) 586-1147

Account Type Fininvest

Account Rep Guy F. Scarpelli

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-25735	08/09/99	*	Initial Deposit		20,000.00
Total Activity				0.00	20,000.00

Ending Balance
\$20,000.00



Account Num 10000697

SSN/Tax ID

08/18/99

Account Thomas, James Ian
Address 25885 Trabuco Rd. #185
Lake Forest, CA 92630
US

Page 1

Statement Period:
From 07/16/99
Thru 08/15/99

Phone (949) 586-1147
Account Type 001
Account Rep 003

Beginning Balance
\$0.00

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2573	08/09/99	*	Initial Deposit		20,000.00
Total Activity				0.00	20,000.00

Ending Balance
\$20,000.00

Fininvest Bridge Funding Investment/Loan Agreement

James Ian Thomas DFJ, the "Managing Director" hereinafter referred to as "MD," of the Fininvest Bridge Fund, and the "Bridge Associate," hereinafter referred to as "BA," agree:

That "MD" solely owns and controls one hundred percent of all outstanding shares in the Fininvest Bridge Fund; and

That "BA" acknowledges and ratifies that he/she, by way of its investment, holds no shares, stocks, partnership shares (general or limited) in neither DFJ, Fininvest, LTD, Fininvest Bridge Fund, nor any of their subsidiaries.

ALSO, the "BA" shall have no right at any time to audit the books and records of the "MD," its subsidiaries, holding, officers and employees; nor shall the "BA," his/her agent(s), representative(s) have any voice in the day-to-day operations of either Fininvest Bridge Fund, or the "MD."

JAMES IAN THOMAS 's Sole Relationship to the FUND and the "MD" is best described as a Bridge Fund Depositor, or Bridge Associate.

JAMES IAN THOMAS shall be admitted as a Depositor upon the terms and conditions set forth herein:

The "BA" shall place on deposit with the Managing Director, DFJ, the sum of 20,000.00 \$US for a period of eighteen months, during which the "BA" agrees not to withdraw any portion of the principle. Upon completion of the initial term of the investment/loan agreement, it shall be automatically renewed at a guaranteed 24% annual interest rate for another eighteen-month period unless the "BA" notifies the "MD" in writing that he/she desires to terminate his/her investment/loan agreement.

Except for the initial eighteen-month period, the "BA" may choose to terminate, in writing, his/her contract at any time for any reason. Upon receipt of written notifications of termination of his/her investment/loan agreement, the "MD" shall deliver to the "BA" his/her principle deposit plus accrued interest within 14 days of said notice.

If the "BA" chooses to terminate the contract prior to the initial 18 month agreement, the "MD" shall deliver the principle investment minus all interest paid to "BA" within 14 days of said notice.

Upon Death, incapacity, or legal disability of the "BA," the "MD" shall contact said beneficiary and offer the option of returning said principle and accrued interest within 14 days or leaving said contract in place and allow the beneficiary to assume said contract and receive all interest payments from that day forward.

The "MD" shall pay a guaranteed annual interest rate of 24% on the principal deposit.

Interest payments on the principal deposit shall be paid monthly at the rate of 2% per month based on the initial investment deposit amount in \$US.

The "BA" understands that Fininvest Bridge Fund is a DFJ offshore investment vehicle and is not responsible to report to the United States Government any earnings, dividends or interest payments made to its Investment/Loan Depositors (BA).

It is the Depositors responsibility to report all earnings to the United States Government and pay the appropriate taxes.

The "BA" agrees to indemnify and hold harmless the Fininvest Bridge Fund, DFJ, its subsidiaries, holding, officers and employees in the event of any legal action taken by the United States Government and its agencies for nonpayment of taxes. Fininvest Bridge Fund Bank is backed and guaranteed by DFJ Italia, LTD.

I would like my monthly interest payments in the form of (select one):

- ☐ Check
☐ Wire Transfer into my personal account
☐ Direct deposit to offshore account
☒ Roll Over

Make checks payable to DFJ

*Dividends begin on Sept. 15th, 1999
at \$100.00 per month*

Depositor name and address:

Name	<i>Patricia Aiken</i>
Street Address	<i>25825 Yarrowood #185</i>
City/State/Zip code	<i>Lake Forest CA 92650</i>
Telephone	<i>(949) 588-1147</i>
E-Mail/Fax	

DOB: _____ Soc. Sec. # _____ - _____ Drivers Lic. # _____

Beneficiary name and address:

Name	<i>Grant Joseph Thomas (brother)</i>
Street Address	
City/State/Zip code	
Telephone	
E-Mail/Fax	

DOB: _____ Soc. Sec. # _____ - _____ Drivers Lic. # _____

DFJ Representative:

Name	Guy F. Scarpelli
Street Address	18881 Von Karman Ave. Suite 220
City/State/Zip code	Irvine, CA. 92612
Telephone	949-955-2490 x 206
E-Mail/Fax	Guy@DFJItalia.com / 949-955-2497

Agreed to and signed this day: *8/9/99*

Representative:

Guy F. Scarpelli
Signature of Depositor

Grant Joseph Thomas
Guy F. Scarpelli

18881 Von Karman Ave. Suite 220
Irvine, CA. 92612
949-955-2490 Ext. 206

SALOMON SMITH BARNEY

19000 MacArthur Boulevard, Penthouse, P.O. Box 7640, Newport Beach, CA 92658-7640

Bank of America
State Bank
A BankAmerica Company

EXACTLY 20 THOUSAND DOLLARS NO CENTS
Pay to the order of

DFJ ITALIA

VOID AFTER 180 DAYS
FROM ISSUANCE

0 0561 59995

Amount	
*****20,000.00	
Account Number	
08/09/99	561 09218 1 8

90-4182
1211

Deborah J. Brodie
Authorized Signature

Authorized Signature

Two Signatures Required If Over \$25,000.00

⑈0056159995⑈ ⑆121141822⑆ 73135⑈00187⑈

Exhibit 11

Name of Debtor
DFJ ITALIA, LTD.

Case Number
SA 00-12295 JR

PROOF OF CLAIM

NOTE: This form should not be used to state a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

DONALD R. PROCTOR

Name and address where notices should be sent:

**DONALD R. PROCTOR
P.O. Box 381074
B'ham, AL. 35238**

Telephone number:

☒ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☒ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

00 DEC 27 AM 10:42
CLERK'S OFFICE
CENTRAL DISTRICT OF CALIFORNIA

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here if this claim represents an amended previously filed claim, dated:

1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other Finvest Bridge Funding Investment/Loan Agreement

☐ Retiree benefits as defined in 11 U.S.C. § 1114 (a)
Wages, salaries, and compensations (Fill out below)

Your SS #: _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred:

12/9/98

3. Court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of mortgage and other charges on the property included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

☒ Check this box if you have an unsecured priority claim amount entitled to priority \$ \$60,500.00

Specify the priority of the claim:
☐ Wages, salaries, or commissions (up to \$1,300), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(2)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
Up to \$1,000 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5)
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(6)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

* Amounts are subject to adjustment on 4/1/88 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date
12/24/00

Sign and print the name and title of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Donald R. Proctor / DONALD R. PROCTOR

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 287

THIS SPACE IS FOR COURT USE ONLY

10#251
5/13/05

If you hold a claim against the Debtor as of March 20, 2000, you must fill out the attached Proof of Claim form in order for the Trustee to recognize your claim. The following supplemental information request does not replace the Proof of Claim form. The following information is being requested by the Trustee to supplement the Debtor's records and bank documentation. This information will assist the Trustee in the evaluation of the accuracy and completeness of the Debtor's records and in the processing of claims. If you did not invest in investment programs of the Debtor, you do not need to complete this form.

ACCOUNT HOLDER NAME DONALD PROCTOR

Investment 1	Investment 2	Investment 3	Investment 4	Investment 5
--------------	--------------	--------------	--------------	--------------

INVESTMENT OR LOANS

1 Amount Invested	\$ 50,000.00	\$	\$	\$	\$
2 Date Invested	12/9/98				
3 Investment form (cash, check, wire, etc)	CHECK				
4 Payee - Who was check payable to?	DFJ				
5 Source of Funds (IRA, Pension, 401K, etc)	Mutual Funds Ac.				
6 Principal repaid	- 0 -				
7 Investment Program (Fininvest, Diamond, etc)	Fininvest				

DIVIDENDS and/or INTEREST

Total Dividends or Interest received

\$ 13,500.00

How were the Dividends or Interest payments made? (check, cash, wire)

CASH / CHECK

Frequency of Dividends or Interest payments (monthly, qtrly, etc)

MONTHLY

Were Dividends or Interest payments added to your principal rather than paid?

NO

OTHER

DFJ sales representative

1. ROBERT TROY CARON
2. MICHAEL BROWN

What rate of interest or return was promised?

24 %

Did you receive DFJ Account Ledgers or statements?

YES ☒ NO

SUPPORTING DOCUMENTS

Please attach copies of supporting documents, such as loan agreements, account ledger statements, correspondence, etc. Do not send originals. If you have previously sent your supporting documents to the Trustee, please disregard.

1 ALBERT, WEILAND & GOLDEN, LLP
Theodor C. Albert #81449
2 Steven J. Katzman #132755
Saar Swartzon #198732
3 650 Town Center Drive, Suite 1350
Costa Mesa, California 92626
4 Telephone: (714) 966-1000
Facsimile: (714) 966-1002
5

6 Special Counsel for Thomas H. Casey,
Chapter 7 Trustee
7
8

9 UNITED STATES BANKRUPTCY COURT
10 CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION

11 In re

12 DFJ ITALIA, LTD.,

13 Debtor.
14
15
16
17
18

) Case No. SA 00-12295 JR
)

) Chapter 7 Case
)

) NOTICE OF LAST DATE TO FILE
PROOFS OF CLAIM
)

) [Federal Rule of Bankruptcy
Procedure 3003(c)(3)]
)

) (No Hearing Required)
)
)
)

19 TO ALL CREDITORS AND PARTIES INTEREST:

20 PLEASE TAKE NOTICE that the United States Bankruptcy Court
21 has fixed December 31, 2000 as the last date by which creditors in
22 the case of DFJ ITALIA, LTD., ("Debtor") may file proofs of claim.

23 If you believe you are owed a debt by the Debtor, you must
24 file a proof of claim in order to share in a distribution of
25 estate assets. If you do not timely file a proof of claim, your
26 claim against the estate will be barred and you will not
27 participate in any distribution to be paid to creditors from
28 estate funds in this case.

cmv/cas01/0039/notice.dms

1

NOTICE

1 PLEASE TAKE FURTHER NOTICE that if your claim is based on any
2 writing, you must attach copies of any and all such writings to
3 the proof of claim or provide an adequate explanation of your
4 inability to do so. Failure to do so will render your claim
5 subject to objection and possible disallowance.

6 PLEASE TAKE FURTHER NOTICE that in addition to filing your
7 proof of claim with the Ronald Reagan Federal Building, located at
8 411 West Fourth Street, Santa Ana, California 92712, you must mail
9 a copy of the complete proof of claim to general counsel to the
10 Trustee, James Joseph, of counsel to Eanning, Gill, Diamond &
11 Kolitz, LLP, 2029 Century Park E., 3rd. Floor, Los Angeles,
12 California, 90067-2904.

13 For your convenience, a proof of claim form is enclosed.

14
15 DATED: October 31, 2000

ALBERT, WEILAND & GOLDEN

16
17 By: 

18 JEFFREY H. GOLDEN
19 Special Counsel for Thomas H.
20 Casey, Chapter 7 Trustee
21
22
23
24
25
26
27
28

12/26/00

United States Bankruptcy
Central District Of California
Santa Ana Division

Ronald Reagan Federal Building
411 West Fourth Street
Santa Ana, California 92712

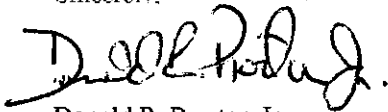
Re: DFJ Italia, Ltd.
Case # SA 00-12295
Proof of Claim

To Whom It May Concern:

I, Donald Rippy Proctor Jr., am aware that Leon F. Brady Jr. is in the process of filing a proof of claim. He is my father-in-law. Our investments were entered separately, just with this same firm of Robert Caron.

And Associates, Attorneys At Law in Oxnard Ca. I myself never received any paperwork from anyone, to file this proof of claim. I had to obtain it from my father-in-law. If you have any questions, please contact me at 205-410-3634 or 205-410-2222.

Sincerely,



Donald R. Proctor Jr.



Cc: James Joseph, Danning, Giff, Diamond & Kolitz, LLP

Itemization
Donald R. Proctor

DFJ Italia Investment

Initial Investment-\$50,000.00

Received interest payments from 1/99 to 1/2000 of \$1000.00 a month.

Beginning 2/2000 received 1 interest payment in the amount of \$500.00.

Due to date in interest payments not received on initial investment \$10,500.00

Total principal due from fininvest contract \$50,000.00.

Total interest not paid on investment to date \$10,500.00.

Total debt owed to Donald R. Proctor on investment contract \$60,500.00

DFJ the "Managing Director," hereinafter referred to as "MD," of the Fininvest Bridge Fund, and Donald Proctor, the "Bridge Associate," hereinafter referred to as "BA," agree:

That "MD" solely owns and controls one hundred percent of all outstanding shares in the Fininvest Bridge Fund; and

That "BA" acknowledges and ratifies that he/she, by way of investment/loan agreement, holds no shares, stocks, partnership shares (general or limited) in neither DFJ, Fininvest, LTD, the Fininvest Bridge Fund, nor any of their subsidiaries; and,

FURTHERMORE, the "BA" will indemnify the "MD," its subsidiaries, holding, officers and employees for any claim or liability arising out of their activities on behalf of the FUND unless such claim or liability was the result of negligence or misconduct.

ALSO, the "BA" shall have no right at any time to audit the books and records of the "MD," its subsidiaries, holding officers and employees; nor shall the "BA," his/her agent(s), and/or representative(s) have any voice in the day-to-day operations of either the FUND or the "MD."

Donald Proctor's sole relationship to the FUND and "MD" is best described as a Bridge Fund Depositor, or Bridge Associate.

Donald Proctor shall be admitted as a Bridge Associate upon the terms and conditions set forth herein:

The "BA" shall place on deposit with the Managing Director, DFJ, the sum of Fifty Thousand and No Cents, in U.S. Funds (\$50,000.00) for a period of eighteen months, during which the "BA" agrees not to withdraw any portion of the principal. Upon completion of the initial term of the investment/loan agreement, it shall be automatically renewed for every 18 months for another eighteen month period, unless the "BA" notifies the "MD" in writing that he/she desires to terminate his/her investment/loan agreement.

Except for the initial eighteen-month period, the "BA" may choose to terminate, in writing, his/her contract at any time for any reason. Upon receipt of written notification of termination of his/her investment/loan agreement, the "MD" shall deliver to the "BA" his/her principal deposit plus accrued interest within 14 days of said notice.

Upon the death, incapacity, or legal disability of the "BA," the "MD" shall return his/her principal deposit plus accrued interest within 14 days, to the herein designated

beneficiary of the "BA", such Designated Beneficiary being As stated in will. (Executor)
The "BA" shall provide the "MD" with a valid picture ID, the SS#, and any other such
documentation so as to properly identify the above named designated beneficiary.

The "MD" shall pay a Guaranteed annual interest rate of 24% on the principal deposit.

Interest payments on the principal deposit shall be paid monthly at the rate of 2% per month, based on the initial investment/loan deposit in \$US.

The "BA" understands that the FINIVEST BRIDGE FUND is a DFJ offshore investment vehicle, and as such is not responsible to report to the United States Government any earnings, dividends or interest payments made to its Investment/Loan Depositors (BA).

It is the Bridge Associates responsibility to report all earning to the United States Government and pay the appropriate taxes.

The "BA" agrees to indemnify and hold harmless the Fininvest Bridge Fund, DFJ. Its subsidiaries, holding, officers and employees in the event of any legal action taken by the United States Government and its agencies for non-payment of taxes. This Fininvest bridge fund is backed and guaranteed by DFJ Italia, Ltd

I would like my monthly interest payments in the form of (select one):

Check

- ☐ Wire Transfer into my personal account
☐ Direct deposit to offshore account
☐ Roll Over

☒ CASH

Make checks payable to DFJ


Bridge Associates name and address:

Name	Donald Proctor
Address	P.O. Box 381074
City/State/zip code	Birmingham, AL, 35238
Telephone	(205) 368-5443
E-mail / fax	(205) 408-7492

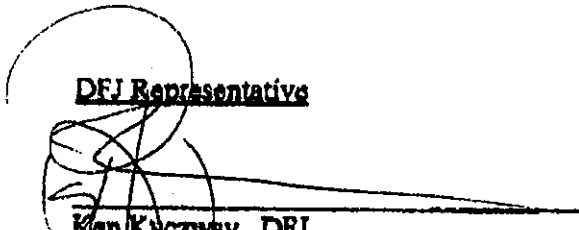
DOB: 6/5/61 Soc. Sec.# 421-92-5391 Drivers Lic.# 4725 77 0

Name	Ken Kuczway
Address	18881 Von Karmen Suite 220
City/State/zip code	Irvine CA. 92612 92715
Telephone	(714)955-2490 ext.205
E-mail / fax	(714)955-2497

Agreed to and signed this Date:


Donald Proctor
Bridge Associate

DFJ Representative


Ken Kuczway, DFJ.
18881 Von Karmen Ave. Ste 220
Irvine, CA. 92612
714-955-2490
Ext 205

GUARANTY AGREEMENT

This Guaranty Agreement ("Guaranty") is made effective as of December 4, 1998, by Robert Troy Caron ("Guarantor"), and this Guaranty is being given to Donald Proctor ("Investor"), for his further security interest in placing his money for investment with DFJ Italia Bridge Fund.

- I. OBLIGATIONS.** This Guaranty is given by the Guarantor to Investor to independently secure his \$100,000.00 (one hundred thousand dollar) investment with DFJ Italia, and in consideration of the Investor placing these funds with DFJ Italia Bridge Fund, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and further acknowledging that the Investor intends to rely on this Guaranty, the Guarantor absolutely and unconditionally guarantees prompt payment when due of all interest and principal of the DFJ Italia investment.
- II. LIMITATION OF AMOUNT.** The liability of the Guarantor pursuant to this Guaranty shall not, at any time, exceed the sum of \$100,000.00, plus 24% of any unpaid interest
- III. DURATION.** This is a continuing Guaranty and shall not be revoked by the Guarantor. This Guaranty will remain effective until all obligations of DFJ Italia guaranteed by this Guaranty are completely discharged, including principal and all interest.
- IV. NOTICE OF DEFAULT.** The Investor shall be required to notify the Guarantor of any default before proceeding against the Guarantor under this Guaranty. The Guarantor agrees to cure any default within 10 days of notice.
- V. INVESTOR PROVISIONS.** The Guarantor expressly waives diligence on the part of the Investor in collection of any part of the debt or other obligation owed by DFJ Italia. Further, the Creditor has no duty to bring suit against DFJ Italia (for collection of the debt or other performance which is due) before proceeding against the Guarantor. The Guarantor waives notice of the acceptance of this Guaranty and of any and all such indebtedness and liability. The Guarantor waives presentment, protest, notice, demand, or action on delinquency in respect of any such indebtedness or liability, including any right to require the Investor to sue or otherwise enforce payment thereof. Until all obligations of DFJ Italia to the Investor have been satisfied in full, the Guarantor waives all rights of subrogation to any collateral and remedies of the Investor against DFJ Italia, and other persons or entities.
- VI. AUTHORITY TO ALTER OBLIGATION.** The Guarantor agrees that with notice to the Guarantor, the Investor may change the terms of payment or performance by DFJ Italia to the Investor. In this event, the Guarantor shall not be released from any responsibility on the obligations of DFJ Italia.
- VII. ASSIGNMENT.** This Guaranty (a) shall bind the successors and assigns of the Guarantor (this Guaranty is not assignable by the Guarantor without the express written consent of the Investor, and is not affected by the death of the Guarantor), (b) shall inure to the Investor, its successors

Case 8:00-bk-12285-BKL Doc 487-3 Filed 05/27/09 Entered 05/27/09 10:55:25 Desc
ENTIRE AGREEMENT. This Guaranty contains the entire agreement of the parties with
respect to the subject matter of this Guaranty and there are no other promises or conditions in
any other agreement, whether oral or written. This Guaranty supersedes any prior written or
oral agreements between the parties with respect to the subject matter of this Guaranty.

- IX. AMENDMENT.** This Guaranty may be modified or amended, if the amendment is made in writing and is signed by both parties.
- X. SEVERABILITY.** If any provision of this Guaranty shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Guaranty is invalid or unenforceable, but that by limiting such provision it would become valid or enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

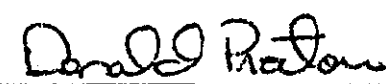
XI. WAIVER OF CONTRACTUAL RIGHT. This Guaranty shall be governed by the laws of the State of California.

XII. RECEIPT. The Guarantor acknowledges receipt of a copy of this Guaranty.

Guarantor:


Robert Troy Caron

Investor:


Donald Proctor

Case 8:00-bk-12295-RK
**ROBERT CARON
AND ASSOCIATES
ATTORNEYS AT LAW**

Doc 487-3 Filed 05/27/09 Entered 05/27/09 10:55:25 Desc
Exhibit Exhibit 10-14 Page 24 of 52

FINANCIAL PLAZA TOWER, 300 ESPLANADE DRIVE, SUITE 1840, OXNARD CA 93030 (805) 961-4565 FAX: (805) 961-4390

OFFICE MANAGER
LINDA CARON

ADMINISTRATOR
JOSEPH BELLINGER, PH.D.

ATTORNEY
ROBERT TROY CARON

OF COUNSEL
PHIL PELLMAN

December 4, 1998

Mr. Donald Proctor
Post Office Box 381074
Birmingham, Alabama 35238

EXPRESS MAIL

VENTURA OFFICE
7512 FLOTHILL ROAD
VENTURA, CA 93003
TELEPHONE (805) 671-5692
FAX: (805) 671-5609

INTERNET
http://rcaronlaw.com

RE: DFJ INVESTMENT

Dear Donald:

It was nice to talk with you these past few days regarding the above-referenced matter. At the request of Mike Brown I am forwarding to you your initial investment contract with DFJ, as well as the personal guarantee that we discussed.

I would appreciate your signing the investment contract where indicated, and returning the original to me in the Express Mail envelope which has been enclosed for your convenience. A copy of this contract is also enclosed for your records.

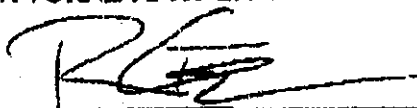
Please give me a call when you receive these documents, so that we may discuss this matter in further detail.

Thank you for your courtesy and cooperation herein, and I look forward to speaking with you soon.

Sincerely,

1-888-515-3230

**ROBERT CARON AND ASSOCIATES
ATTORNEYS AT LAW**



Robert Troy Caron
Attorney at Law

RTC:ldc
Enc.

PAY TO THE
ORDER OF

DEF

\$ 50,000.00

Fifty Thousand and 00/100

DOLLARS

Regions Bank

FOR

DEF - Trial Deposit

D.R. Proctor

⑆062005690⑆ 14 2169 6865⑈ 1601

1857 Calle Alberca, Camarillo, CA 93010 (805) 383-2712 (805) 383-2715 fax <http://caronlaw.com>

OFFICE MANAGER
LORI D. CARON

ADMINISTRATOR
JOSEPH BILZINGHERE, PH.D.

ATTORNEYS
ROBERT TROY CARON

OF COUNSEL
PHIL FELDMAN

April 4, 2000

Mr. Donnie Proctor
Post Office Box 381074
Birmingham, Alabama 35238

RE: DFJ ITALIA, INC.

Dear Donnie:

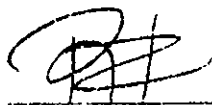
As you may be aware from our previous discussions, in a stunning series of developments, DFJ Italia, Inc. has closed its doors, and all investments with them appear to be in very serious jeopardy. I have retained two separate law firms to represent our interests in this matter, and had planned on filing suit against DFJ and any other responsible person by this time. However, DFJ has already been involuntarily placed into bankruptcy, and a United States Bankruptcy Court is searching for any assets of DFJ at this time. We may join this action or initiate our own litigation in the near future. I will keep you advised of any developments as we go forward.

While the company professes hope to recover the missing funds from the person it alleges embezzled them, I feel that remains very doubtful. I realize that when you made this investment, some of you may have done so partly based upon my recommendation, and for many friends and family, I even signed a Personal Guarantee on their DFJ Italia, Inc. investment. Even though myself and my family members stand to lose a very substantial amount of money at DFJ Italia, Inc., I fully intend to stand behind any guarantees that I have signed. I am now in the process of reorganizing some matters, and in the meanwhile I would like to meet with you in person to discuss your personal situation, and to mutually agree upon a solution to this apparent loss. Accordingly, I will be contacting you within the next few days to discuss this matter.

Thank you for your courtesy, cooperation, and patience in this matter.

Sincerely,

ROBERT CARON AND ASSOCIATES
ATTORNEYS AT LAW



Robert Troy Caron
Attorney at Law

RTC:ldc

Exhibit 12

Name of Debtor
DFJ ITALIA, LTD.Case Number
SA 00-12295 JR

PROOF OF CLAIM

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Martin Richards

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

440 Augusta Ave
Placentia CA 92807
☐ Check box if you have never received any notices from the bankruptcy court in this case.

Telephone number: 562 755 2121

☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

☐ Check here if this claim replaces
☐ amends a previously filed claim, dated:

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other

- ☒ Retiree benefits as defined in 11 U.S.C. § 1114 (a)
☐ Wages, salaries, and compensations (Fill out below)

Your SS #: 573 - 49 - 2983

Unpaid compensation for services performed

from (date) to (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle

☒ Other Car

Value of Collateral: \$ 23,000.00

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 23,000.00

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority \$

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ()

* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date
12-22-00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

THIS SPACE IS FOR COURT USE ONLY

10# 258
5/17/05

If you hold a claim against the Debtor as of March 20, 2000, you must fill out the attached Proof of Claim form in order for the Trustee to recognize your claim. The following supplemental information request does not replace the Proof of Claim form. The following information is being requested by the Trustee to supplement the Debtor's records and bank documentation. This information will assist the Trustee in the evaluation of the accuracy and completeness of the Debtor's records and in the processing of claims. If you did not invest in investment programs of the Debtor, you do not need to complete this form.

ACCOUNT HOLDER NAME _____

Investment 1	Investment 2	Investment 3	Investment 4	Investment 5
--------------	--------------	--------------	--------------	--------------

INVESTMENT OR LOANS

1 Amount Invested	<i>about</i> \$23,000	\$	\$	\$	\$
2 Date Invested					
3 Investment form (cash, check, wire, etc)	check				
4 Payee - Who was check payable to?	DFJ Italia				
5 Source of Funds (IRA, Pension, 401K, etc)	✓				
6 Principal repaid					
7 Investment Program (Fininvest, Diamond, etc)					

DIVIDENDS and/or INTEREST

Total Dividends or Interest received \$ _____

How were the Dividends or Interest payments made? (check, cash, wire) _____

Frequency of Dividends or Interest payments (monthly, qtrly, etc) _____

Were Dividends or Interest payments added to your principal rather than paid? _____

OTHER

DFJ sales representative

What rate of Interest or return was promised?

Did you receive DFJ Account Ledgers or statements?

Guy Schmitt
20 %
YES ☒ NO

SUPPORTING DOCUMENTS

EXHIBIT 12 PAGE 155

Please attach copies of supporting documents, such as loan agreements, account ledger statements, correspondence, etc. Do not send originals. If you have previously sent your supporting documents to the Trustee, please disregard.

Exhibit 13

Name of Debtor
DFJ ITALIA, LTD.

Exhibit Exhibit 10-14

Case Number
SA 00-12295 JR

PROOF OF CLAIM

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

ROBERT E. TRAVIK

☒ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

203. SOUTH JUANITA AVE
REDONDO BEACH, CA 90277

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number: 562-755-2120

Account or other number by which creditor identifies debtor:

10000514

Check here ☐ replaces ☐ amends a previously filed claim, dated: _____

THIS SPACE IS FOR COURT USE ONLY

1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☒ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114 (a)
- ☐ Wages, salaries, and compensations (Fill out below)

Your SS #: _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred:

4/6/99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 61,498.55

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

Attach itemized statement

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☒ Check this box if you have an unsecured priority claim.

Amount entitled to priority \$ 61,498.55

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).

* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date
12/22/00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

[Signature]

THIS SPACE IS FOR COURT USE ONLY

259
5/17/05

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

If you hold a claim against the Debtor as of March 20, 2000, you must fill out the attached Proof of Claim form in order for the Trustee to recognize your claim. The following supplemental information request does not replace the Proof of Claim form. The following information is being requested by the Trustee to supplement the Debtor's records and bank documentation. This information will assist the Trustee in the evaluation of the accuracy and completeness of the Debtor's records and in the processing of claims. If you did not invest in investment programs of the Debtor, you do not need to complete this form.

ACCOUNT HOLDER NAME _____

Investment 1	Investment 2	Investment 3	Investment 4	Investment 5
--------------	--------------	--------------	--------------	--------------

INVESTMENT OR LOANS

1 Amount Invested	\$20,000	\$23,339 ⁵⁹	\$18,158 ⁹⁰		
2 Date Invested	4/6/99	4/28/99	7/30/99		
3 Investment form (cash, check, wire, etc)	CHECK	CHECK	CHECK		
4 Payee - Who was check payable to?	K-COMM, INC	DFJ	DFJ		
5 Source of Funds (IRA, Pension, 401K, etc)		IRA	401K		
6 Principal repaid	0	0	0		
7 Investment Program (Fininvest, Diamond, etc)	FINVEST	FINVEST	FINVEST		

DIVIDENDS and/or INTEREST

Total Dividends or Interest received

\$ 6674

How were the Dividends or Interest payments made? (check, cash, wire)

CASH

Frequency of Dividends or Interest payments (monthly, qtrly, etc)

MONTHLY

Were Dividends or Interest payments added to your principal rather than paid?

NO

OTHER

DFJ sales representative

GUY SCARPELLI

What rate of Interest or return was promised?

24 %

Did you receive DFJ Account Ledgers or statements?

YES NO

SUPPORTING DOCUMENTS

EXHIBIT 13 PAGE 157

Please attach copies of supporting documents, such as loan agreements, account ledger statements, correspondence, etc. Do not send originals. If you have previously sent your supporting documents to the Trustee, please disregard.

Fininvest Bridge Funding Investment/Loan Agreement

DFJ, the "Managing Director" hereinafter referred to as "MD," of the Fininvest Bridge Fund, and
Robert E. Travis, the "Bridge Associate," hereinafter referred to as "BA," agree:

That "MD" solely owns and controls one hundred percent of all outstanding shares in the Fininvest Bridge Fund; and

That "BA" acknowledges and ratifies that he/she, by way of its investment, holds no shares, stocks, partnership shares (general or limited) in neither DFJ, Fininvest, LTD, Fininvest Bridge Fund, nor any of their subsidiaries.

ALSO, the "BA" shall have no right at any time to audit the books and records of the "MD," its subsidiaries, holding, officers and employees; nor shall the "BA," his/her agent(s), representative(s) have any voice in the day-to-day operations of either Fininvest Bridge Fund, or the "MD."

Robert E. Travis 's Sole Relationship to the FUND and the "MD" is best described as a Bridge Fund Depositor, or Bridge Associate.

Robert E. Travis shall be admitted as a Depositor upon the terms and conditions set forth herein:

The "BA" shall place on deposit with the Managing Director, DFJ, the sum of 23,339,59 \$US for a period of eighteen months, during which the "BA" agrees not to withdraw any portion of the principle. Upon completion of the initial term of the investment/loan agreement, it shall be automatically renewed at a guaranteed 24% annual interest rate for another eighteen-month period unless the "BA" notifies the "MD" in writing that he/she desires to terminate his/her investment/loan agreement.

Except for the initial eighteen-month period, the "BA" may choose to terminate, in writing, his/her contract at any time for any reason. Upon receipt of written notifications of termination of his/her investment/loan agreement, the "MD" shall deliver to the "BA" his/her principle deposit plus accrued interest within 14 days of said notice.

If the "BA" chooses to terminate the contract prior to the initial 18 month agreement, the "MD" shall deliver the principle investment minus all interest paid to "BA" within 14 days of said notice.

Upon Death, incapacity, or legal disability of the "BA," the "MD" shall contact said beneficiary and offer the option of returning said principle and accrued interest within 14 days or leaving said contract in place and allow the beneficiary to assume said contract and receive all interest payments from that day forward.

The "MD" shall pay a guaranteed annual interest rate of 24% on the principal deposit.

Interest payments on the principal deposit shall be paid monthly at the rate of 2% per month based on the initial investment deposit amount in \$US.

The "BA" understands that Fininvest Bridge Fund is a DFJ offshore investment vehicle and is not responsible to report to the United States Government any earnings, dividends or interest payments made to its Investment/Loan Depositors (BA).

It is the Depositors responsibility to report all earnings to the United States Government and pay the appropriate taxes.

The "BA" agrees to indemnify and hold harmless the Fininvest Bridge Fund, DFJ, its subsidiaries, holding, officers and employees in the event of any legal action taken by the United States Government and its agencies for nonpayment of taxes. Fininvest Bridge Fund Bank is backed and guaranteed by DFJ Italia, LTD.

I would like my monthly interest payments in the form of (select one):

- ☐ Check
☐ Wire Transfer into my personal account
☐ Direct deposit to offshore account
☐ Roll Over
☒ CASH

Make checks payable to DFJ

*Payments begin on June 15, 1999
at 466.00 per month*

Depositor name and address:

Name	Robert E. Travis
Street Address	203 South Juanita Ave.
City/State/Zip code	Asdendo Beach, CA 92077
Telephone	(714) 299-3675
E-Mail/Fax	

DOB: _____ Soc. Sec. # _____ - _____ - _____ Drivers Lic. # _____

Beneficiary name and address:

Name	Rebecca A. Travis (Sister)
Street Address	17077 San Ricardo St.
City/State/Zip code	Fountain Valley, CA 92708
Telephone	(714) 963-6349
E-Mail/Fax	

DOB: _____ Soc. Sec. # _____ - _____ - _____ Drivers Lic. # _____

DFJ Representative:

Name	Guy F. Scarpelli
Street Address	18881 Von Karman Ave. Suite 220
City/State/Zip code	Irvine, CA. 92612
Telephone	949-955-2490 x 206
E-Mail/Fax	Guy@DFJItalia.com / 949-955-2497

Agreed to and signed this day: *April 28, 1999*

Representative:

[Signature]
Signature of Depositor

[Signature]
Guy F. Scarpelli
18881 Von Karman Ave. Suite 220
Irvine, CA. 92612
949-955-2490 Ext. 206

Check Date: May 03, 1999

000038
DFJ ITALIA
FBO ROBERT E TRAVIS
ATTN GUY F SCARPELLI
18881 VON KARMAN AVE STE220
IRVINE CA 92612-1500

A410708

VF8723/7556033338723QM

FULL SURRENDER 05/03/99 DFJ ITALIA

560-33-3316

GROSS AMOUNT	24,207.10
MVA ADJUSTMENT	.00+
ADJ. GROSS AMOUNT	24,207.10
MAINTENANCE FEE	30.00
SURRENDER FEE	837.51
LOAN OUTSTANDING	.00
FEDERAL INCOME TAX	.00
STATE INCOME TAX	.00
MUNICIPAL INCOME TAX	.00
NET CHECK AMOUNT	23,339.59

TRANSF SSN # 560333316

DIRECT INQUIRIES AND ADDRESS CHANGES TO
AETNA LIFE INSURANCE AND ANNUITY CO
CUSTOMER SERVICE
151 FARMINGTON AVE
HARTFORD, CT 06156-1277
1-800-531-4547

AETNA LIFE INSURANCE AND ANNUITY CO
CUSTOMER SERVICE
151 FARMINGTON AVE
HARTFORD, CT 06156-1277

PAY EXACTLY

Twenty three thousand three hundred thirty nine and 59/100 Dollars

Date: May 03, 1999 Net Amount

May 03, 1999

*****\$23,339.59

TO THE ORDER OF
000038
DFJ ITALIA
FBO ROBERT E TRAVIS
ATTN GUY F SCARPELLI
18881 VON KARMAN AVE STE220
IRVINE CA 92612-1500

Wachovia Bank, N.A.
Winston-Salem, NC 27150

Deborah Keltner
Authorized Signature

EXHIBIT 13

PAGE 110

0000206912 053100494018736 056904

Fininvest Bridge Funding Investment/Loan Agreement

DFJ, the "Managing Director" hereinafter referred to as "MD," of the Fininvest Bridge Fund, and
ROBERT E. TRAVIS, the "Bridge Associate," hereinafter referred to as "BA," agree:

That "MD" solely owns and controls one hundred percent of all outstanding shares in the Fininvest Bridge Fund; and

That "BA" acknowledges and ratifies that he/she, by way of its investment, holds no shares, stocks, partnership shares (general or limited) in neither DFJ, Fininvest, LTD, Fininvest Bridge Fund, nor any of their subsidiaries.

ALSO, the "BA" shall have no right at any time to audit the books and records of the "MD," its subsidiaries, holding, officers and employees; nor shall the "BA," his/her agent(s), representative(s) have any voice in the day-to-day operations of either Fininvest Bridge Fund, or the "MD."

ROBERT E. TRAVIS's Sole Relationship to the FUND and the "MD" is best described as a
Bridge Fund Depositor, or Bridge Associate.

ROBERT E. TRAVIS shall be admitted as a Depositor upon the terms and conditions set forth herein:

The "BA" shall place on deposit with the Managing Director, DFJ, the sum of 18,150.96 \$US for a period of eighteen months, during which the "BA" agrees not to withdraw any portion of the principle. Upon completion of the initial term of the investment/loan agreement, it shall be automatically renewed at a guaranteed 24% annual interest rate for another eighteen-month period unless the "BA" notifies the "MD" in writing that he/she desires to terminate his/her investment/loan agreement.

Except for the initial eighteen-month period, the "BA" may choose to terminate, in writing, his/her contract at any time for any reason. Upon receipt of written notifications of termination of his/her investment/loan agreement, the "MD" shall deliver to the "BA" his/her principle deposit plus accrued interest within 14 days of said notice.

If the "BA" chooses to terminate the contract prior to the initial 18 month agreement, the "MD" shall deliver the principle investment minus all interest paid to "BA" within 14 days of said notice.

Upon Death, incapacity, or legal disability of the "BA," the "MD" shall contact said beneficiary and offer the option of returning said principle and accrued interest within 14 days or leaving said contract in place and allow the beneficiary to assume said contract and receive all interest payments from that day forward.

The "MD" shall pay a guaranteed annual interest rate of 24% on the principal deposit.

Interest payments on the principal deposit shall be paid monthly at the rate of 2% per month based on the initial investment deposit amount in \$US.

The "BA" understands that Fininvest Bridge Fund is a DFJ offshore investment vehicle and is not responsible to report to the United States Government any earnings, dividends or interest payments made to its Investment/Loan Depositors (BA).

It is the Depositors responsibility to report all earnings to the United States Government and pay the appropriate taxes.

The "BA" agrees to indemnify and hold harmless the Fininvest Bridge Fund, DFJ, its subsidiaries, holding, officers and employees in the event of any legal action taken by the United States Government and its agencies for nonpayment of taxes. Fininvest Bridge Fund Bank is backed and guaranteed by DFJ Italia, LTD.

I would like my monthly interest payments in the form of (select one):

- ☒ Check
☐ Wire Transfer into my personal account
☐ Direct deposit to offshore account
☐ Roll Over

Make checks payable to DFJ

*Quarterly payments begin on Sept. 1st 1999
at \$63.00 per month*

Depositor name and address:

Name	<i>Robert E. Travis</i>
Street Address	<i>203 South Juniper Ave</i>
City/State/Zip code	<i>Pasadena Beach, CA 90277</i>
Telephone	<i>(714) 299-3679</i>
E-Mail/Fax	

DOB: _____ Soc. Sec. # _____ - _____ Drivers Lic. # _____

Beneficiary name and address:

Name	<i>Rebecca A. Travis (sister)</i>
Street Address	
City/State/Zip code	
Telephone	
E-Mail/Fax	

DOB: _____ Soc. Sec. # _____ - _____ Drivers Lic. # _____

DFJ Representative:

Name	Guy F. Scarpelli
Street Address	18881 Von Karman Ave. Suite 220
City/State/Zip code	Irvine, CA. 92612
Telephone	949-955-2490 x 206
E-Mail/Fax	Guy@DFJItalia.com / 949-955-2497

Agreed to and signed this day: *7/30/99*

Representative:

[Signature]
Signature of Depositor

[Signature]
Guy F. Scarpelli
18881 Von Karman Ave. Suite 220
Irvine, CA. 92612
949-955-2490 Ext. 206

Delaware Management Trust Company, Inc.

Distribution Account

10037509

FIRST
UNION3-50
310

PLAN

PAYABLE DATE

NET AMOUNT

FSFL

7/28/99

\$ *****18,158.76

PAY TO

DFJ ITALIA IRA
FBO ROBERT RAVIS
ATTN- GUY SCARPELLI
18881 VON KARMAN AVE
SUITE 220
IRVINE CA 92612

AUTHORIZED SIGNATURE

⑈10037509⑈ ⑆031000503⑆2100003147554⑈

Account Number 10000514

SSN/Tax ID

Statement Date: 05/08/99

Account Holder Travis, Robert E.

Page 1

Address 203 South Juanita Ave.
Redondo Beach, CA 90277
US

Phone (714) 299-3679

Account Type Fininvest

Account Rep Guy F. Scarpelli

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-19988	04/06/99	*	Initial Deposit		20,000.00
DFJ-22292	04/28/99	002	Deposit		23,339.59
Total Activity				0.00	43,339.59

Ending Balance
\$43,339.59

Account Number 10000514

SSN/Tax ID

Statement Date: 08/04/99

Page 1

Account Holder Travis, Robert E.

Address 203 South Juanita Ave.
Redondo Beach, CA 90277
US

Phone (714) 299-3679

Account Type Fininvest

Account Rep Guy F. Scarpelli

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-19988	04/06/99	*	Initial Deposit		20,000.00
DFJ-22292	04/28/99	002	Deposit		23,339.59
DFJ-22737	05/15/99	001	Dividend Earnings		400.00
DFJ-22738	05/15/99	004	Dividend Payout	400.00	
DFJ-23861	06/15/99	001	Dividend Earnings		866.79
DFJ-23862	06/15/99	004	Dividend Payout	866.79	
DFJ-25013	07/15/99	001	Dividend Earnings		866.79
DFJ-25014	07/15/99	004	Dividend Payout	866.79	
DFJ-25227	07/30/99	002	Deposit		18,158.96
Total Activity				2,133.58	63,632.13

Ending Balance
\$61,498.55



Account Num 10000514

SSN/Tax ID

01/20/00

Account Travis, Robert E.
Address 203 South Juanita Ave.
Redondo Beach, CA 90277
US

Page 1

Statement Period:
From 12/16/99
Thru 01/15/00

Phone (714) 299-3679
Account Type 001
Account Rep 003

Beginning Balance
\$61,498.55

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-3172	01/15/00	001	Dividend Earnings		1,229.97
DFJ-3172	01/15/00	004	Dividend Payout	1,229.97	
Total Activity				1,229.97	1,229.97

Ending Balance
\$61,498.55

EXHIBIT 13 PAGE 164



Account Num 10000514

SSN/Tax ID

02/17/00

Page 1

Account Travis, Robert E.
Address 203 South Juanita Ave.
Redondo Beach, CA 90277
US

Statement Period:
From 01/16/00
Thru 02/15/00

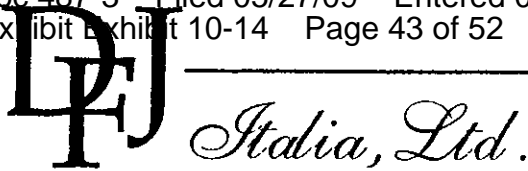
Phone (714) 299-3679
Account Type 001
Account Rep 003

Beginning Balance
\$61,498.55

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-3281	02/15/00	001	Dividend Earnings		1,229.97
DFJ-3281	02/15/00	004	Dividend Payout	1,229.97	
Total Activity				1,229.97	1,229.97

Ending Balance
\$61,498.55

EXHIBIT 13 PAGE 167



Account Num 10000514

SSN/Tax ID

04/16/99

Account Travis, Robert E.
Address 203 South Juanita Ave.
Redondo Beach, CA 90277
US

Page 1

Statement Period:
From 03/16/99
Thru 04/15/99

Phone (714) 299-3679
Account Type 001
Account Rep 003

Beginning Balance
\$0.00

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-1998	04/06/99	*	Initial Deposit		20,000.00
Total Activity				0.00	20,000.00

Ending Balance
\$20,000.00

CH# 5984

BOB TRAVIS CO. \$10,000 -

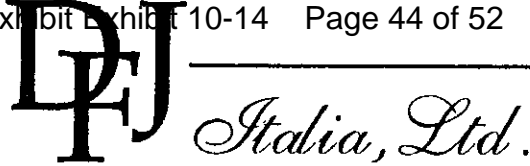
GLENDALE FEDERAL BANK # 0147070508

CH# NEW ACCT

CMC, INC. \$10,000 -

WELLS FARGO BANK ACCT# 0495-239550

EXHIBIT 13 PAGE 168



Account Num 10000514

SSN/Tax ID

05/16/99

Account Travis, Robert E.
Address 203 South Juanita Ave.
Redondo Beach, CA 90277
US

Page 1

Statement Period:
From 04/16/99
Thru 05/15/99

Phone (714) 299-3679

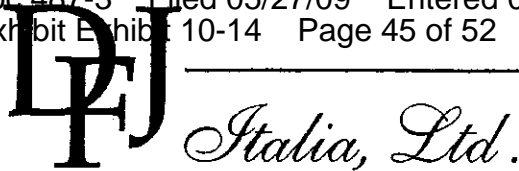
Account Type 001
Account Rep 003

Beginning Balance
\$20,000.00

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2229	04/28/99	002	Deposit		23,339.59
DFJ-2273	05/15/99	001	Dividend Earnings		400.00
DFJ-2273	05/15/99	004	Dividend Payout	400.00	
Total Activity				400.00	23,739.59

Ending Balance
\$43,339.59

EXHIBIT 13 PAGE 169



Account Num 10000514

SSN/Tax ID

10/17/99

Account Travis, Robert E.
Address 203 South Juanita Ave.
Redondo Beach, CA 90277
US

Page 1

Statement Period:
From 09/16/99
Thru 10/15/99

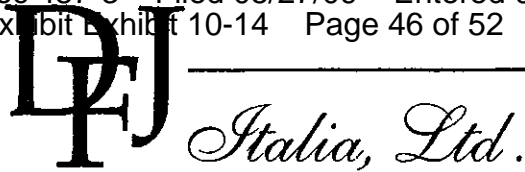
Phone (714) 299-3679
Account Type 001
Account Rep 003

Beginning Balance
\$61,498.55

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2821	10/15/99	001	Dividend Earnings		1,229.97
DFJ-2821	10/15/99	004	Dividend Payout	1,229.97	
Total Activity				1,229.97	1,229.97

Ending Balance
\$61,498.55

EXHIBIT 13 PAGE 170



Account Num 10000514

SSN/Tax ID

11/17/99

Account Travis, Robert E.
Address 203 South Juanita Ave.
Redondo Beach, CA 90277
US

Page 1

Statement Period:
From 10/16/99
Thru 11/15/99

Phone (714) 299-3679
Account Type 001
Account Rep 003

Beginning Balance
\$61,498.55

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2934	11/15/99	001	Dividend Earnings		1,229.97
DFJ-2935	11/15/99	004	Dividend Payout	1,229.97	
Total Activity				1,229.97	1,229.97

Ending Balance
\$61,498.55



Account Num 10000514

SSN/Tax ID

12/17/99

Account Travis, Robert E.
Address 203 South Juanita Ave.
Redondo Beach, CA 90277
US

Page 1

Statement Period:
From 11/16/99
Thru 12/15/99

Phone (714) 299-3679
Account Type 001
Account Rep 003

Beginning Balance
\$61,498.55

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-3047	12/15/99	001	Dividend Earnings		1,229.97
DFJ-3047	12/15/99	004	Dividend Payout	1,229.97	
Total Activity				1,229.97	1,229.97

Ending Balance
\$61,498.55

EXHIBIT 13 PAGE 172

MEMO

PAY
TO THE
ORDER OF

K-Comm Inc.

Ten Thousand & 00/100

\$10,000

DOLLARS

BOB TRAVIS CO.

OPERATING ACCOUNT
17077 SAN RICARDO STREET
FOUNTAIN VALLEY, CA 92708
(888) 342-5262

GLENDALFE FEDERAL BANK FSB
LONG BEACH OFFICE #014
LONG BEACH, CA 90815

90-7005/3222

5984

4/6/99



AUTHORIZED SIGNATURE

⑈005984⑈ ⑆322270055⑆

0147070508⑈

⑈00010000000⑈

 Security features. Details on back.

For Depos. & Only
K-Comm
0455755470

2122 16579

11/20/2007
11/20/2007
11/20/2007
11/20/2007

11/20/2007

20112107
LA PROCESSED 02
04/21/99

122000247
40199
11/20
11/20
11/20
11/20

Exhibit 14

Name of Debtor
OPS ITAL LTD.

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

LEON F. BRADY, JR.

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

LEON F. BRADY JR.

PO BOX 341

SEMMES, AL 36575

Telephone number

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

DEC 28 AM 9:10
CLERK U.S. BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA

RA

DEPUTY

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

☐ Check here if this claim

☐ replaces
☐ amends

a previously filed claim, dated _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☒ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114 (a)
☐ Wages, salaries, and compensations (Fill out below)

Your SS #: 423 - 50 - 4605

Unpaid compensation for services performed

from _____ to _____
(date) (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 75,000

If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff):

Brief Description of Collateral

- ☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

☒ Check this box if you have an unsecured priority claim
Amount entitled to priority \$ 75,000Specify the priority of the claim: CASH LOANED TO D.E.S.

- ☐ Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)

* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

12-20-2000

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

Leon F. Brady Jr. LEON F. BRADY JR.

THIS SPACE IS FOR COURT USE ONLY

CO# 263
4/7/05
[Signature]

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

AND ASSOCIATES
ATTORNEYS AT LAW

1857 Calle Alberca, Camarillo, California 93010 (805) 383-2712 (805) 383-2715 fax

OFFICE MANAGER
LORI D. CARON

ADMINISTRATOR
JOSEPH BILLINGIERE, PH.D.

ATTORNEY
ROBERT TROY CARON

OF COUNSEL
PHIL FELDMAN

December 8, 2000

Mr. Leon Brady
Post Office Box 391
Semmes, Alabama 36575

RE: DFJ ITALIA

Dear Leon:

Thank you for the messages which you have left requesting that we forward to you copies of your investment contracts, etc., with DFJ Italia. I have been tied up with the Vargas v. Trinidad fight for the past couple of weeks, and apologize for not getting right back to you.

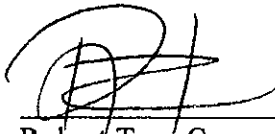
Please note that your investment contracts and any file documents were held by DFJ Italia, and I am not in possession of any copies. However, I believe that the information which you are seeking can be provided by our accounting records.

Our records reflect that you invested \$50,000.00 with DFJ Italia on or about March 16, 1999, and were paid \$1,000.00 per month on that investment from May 1, 1999 until March 1, 2000, for a total of \$11,000.00. You made an additional investment of \$25,000.00 on or about September 1999, and were paid \$500.00 per month for that investment from November 1, 1999 until March 1, 2000, for a total of \$2,500.00.

Thank you for your courtesy and cooperation herein. Should you have any questions, or wish to further discuss this matter, please do not hesitate to call.

Sincerely,

ROBERT CARON AND ASSOCIATES
ATTORNEYS AT LAW


Robert Troy Caron
Attorney at Law

RTC:ldc